



**Food Stamps - Supplemental Nutrition Assistance Program Verification**

\_\_\_\_\_

**Student's First and Last Name**                      **Date of birth**                      **Morrisville ID#**

During 2015 did any member of the household receive Food Stamps -  
Supplemental Nutrition Assistance Program (SNAP) benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes:**  
Name(s) of the household member(s) who received these benefits:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Each person signing this worksheet certifies that all of the information reported is accurate.*

\_\_\_\_\_

**Student**                                      **Date**                                      **Parent**                                      **Date**